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State of Nebraska
Investigator's Motor Vehicle Accident Report

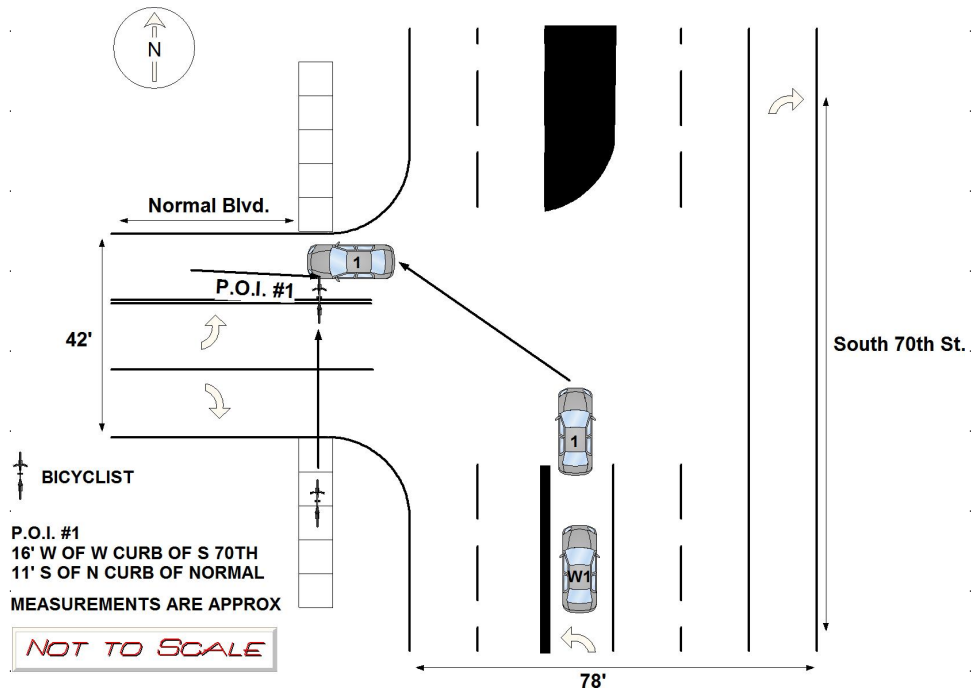
Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 182	Agency Case No. B6-073532	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 08/12/2016		TIME OF ACCIDENT 1645	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1645	08/13/2016									
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. NORMAL/70-PARK PLACE		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE									
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION										
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
		16.00		X S 70TH ST										
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
VEHICLE NO. 1														
F	1	DRIVER LICENSE NO.	G02189625	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/N	1	DRIVER	CINTHIA L MCGILL	PHONE	4025256259	LOCAL NO.								
V2/N		DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/18/1957	V1/1 15								
		3800 MOHAWK ST, LINCOLN, NE 68510				V1/2								
G	2	OWNER	LEXUS OF LINCOLN	PHONE	4024773233	LOCAL NO.								
		OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.								
		6500 TELLURIDE DR, LINCOLN, NE 68521		<input type="radio"/> PENDING <input checked="" type="radio"/> NO		V1/3								
H	5	LICENSE PLATE	PA NO. TEI535	YEAR (Plate Expires)	2017	STATE (Of Plate) NE								
V1/O	1	VEHICLE	2014	MAKE	Lexus	MODEL	ES300	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$ 700	V1/4
V2/O		VEHICLE ID NO. (VIN)	JTHBW1GG2E2058153	INSURANCE COMPANY		LEMARS		POLICY NO.		PAR0041798		V1/5 15		
VEHICLE NO. 2							V1/6 45							
I	1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE								
V1/P	1	DRIVER		PHONE		LOCAL NO.						V2/1		
V2/P		DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.						V2/2		
J	01	OWNER		PHONE		LOCAL NO.						V2/3		
		OWNER ADDRESS	CITY, STATE, ZIP	CITATION	<input type="radio"/> YES <input type="radio"/> NO	CITATION NO.						V2/4		
V1/Q	4	LICENSE PLATE	NO.	YEAR (Plate Expires)		STATE (Of Plate)						V2/5		
V2/Q		VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE	<input type="radio"/> TOTALED \$		V2/6			
K	01	VEHICLE ID NO. (VIN)		INSURANCE COMPANY		LEMARS		POLICY NO.						
		TOWED TO	TOWED BY											
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)														
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F		
0	XAVIER S GORDON	2501 SURREY CT, LINCOLN, NE 68512			04/20/2000		19		06	3	2	M		
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							
			Saint Elizabeth Regional Medical Center		Lincoln Fire & Rescue									
VEH. #	NAME	ADDRESS												
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							
VEH. #	NAME	ADDRESS												
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-073532



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

W1 stated she was stopped NB on S 70th St behind V1 in the left turn lane waiting to turn, when she observed V1 execute a left turn to travel WB on Normal. W1 stated a bicyclist (Gordon) was traveling NB on the west sidewalk of S 70th St. W1 stated the bicyclist continued into the roadway riding his bicycle, then struck V1 as it was executing the turn. D1 stated she was executing a left turn to travel WB on Normal from S 70th, when a bicyclist struck the front driver side of her vehicle. D1 stated she did not see the bicyclist until he struck her vehicle. Gordon stated he was riding his bicycle to work when he entered the roadway still riding his bicycle. Gordon stated he did not see V1 turning. Gordon was lectured/released regarding using bicycle safety and walking his bicycle as he walks across the roadway.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	GT MACH ONE	XAVIER S GORDON	2501 SURREY CT, LINCOLN, NE 68512	4026012627	\$ 10
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	LAURA R SILLETTO	10-27-35 8000 LOWELL AVE, LINCOLN, NE 68506			4024836333
WITNESSES	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1	X				S 70TH ST								4				2							
2																								
1	06				06 Turning left				08															
2					08 Entering traffic lane				08															
					01 Essentially straight ahead				02 None				01				02				03			
					02 Backing				09 Top & windows				03				04				05			
					03 Changing lanes				10 Undercarriage				04				05				06			
					04 Overtaking/Passing				11 Total (all areas)				05				06				07			
					05 Turning right				12 Other				06				07				08			
					06 Leaving traffic lane																			
					07 Making U-turn																			
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
					10 Parked																			
					11 Slowing or stopped in traffic																			
					12 Other																			
					13 Unknown																			

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT	INVESTIGATOR SIGNATURE	DATE OF REPORT
1677	2	Lincoln Police Department	Approved by Officer Kurt Scovill	08/13/2016

INVESTIGATOR NAME (Print or Type)	Photographs taken?	YES/NO
Kurt Scovill		X YES NO